



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)

The New York State Department of Health invites interested physicians, midwives, and nurse practitioners meeting certain eligibility and practice requirements to apply to participate in the Medicaid Obstetrical and Maternal Services (MOMS) program.

PROGRAM DESCRIPTION

The Medicaid Obstetrical and Maternal Services (MOMS) program features enhanced fees for participating obstetricians, family physicians, midwives, and nurse practitioners. **PRACTITIONERS PARTICIPATING IN THE MOMS program are required to refer Medicaid eligible pregnant women for non-medical health supportive services** such as nutrition and psychosocial assessment and counseling, health education, and care coordination. Health supportive services are provided by approved agencies such as county health departments, certified home health agencies and Prenatal Care Assistance Programs (PCAP). These agencies are also able to determine presumptive eligibility for Medicaid and assist patients with the Medicaid application process as well as arrange transportation for prenatal care visits and follow-up on missed appointments. Reimbursement for health supportive services are on a separate fee schedule and are not included in fees for obstetrical care. A current list of approved health supportive service providers is available. For more information or to request an application packet please contact: New York State Department of Health, Perinatal Health Unit, Corning Tower, Albany, New York 12237 or call (518) 474-1911.

REIMBURSEMENT

The obstetrical provider participating in the MOMS program will receive enhanced Medicaid fees for obstetrical care. The fees are as follows:

| | |
|--|---------|
| Global Fee (Including all prenatal visits, delivery and postpartum care) | \$1,440 |
| Vaginal Delivery or Cesarean | \$960 |
| Antepartum Care Only – Initial Visit | \$69 |
| Antepartum Care Only – Subsequent Visit | \$59 |
| Postpartum Care Only | \$59 |

MOMS participating obstetrical providers also receive enhanced fees for obstetrical medical ancillary services including sonograms, fetal non-stress test, and biophysical profiles.

BILLING

Participating MOMS providers are assigned a new specialty code that enables them to claim the higher fees for obstetrical procedures using the customary Medicaid procedure codes.

ELIGIBILITY AND PRACTICE REQUIREMENTS

The MOMS eligibility and practice requirements for physicians, midwives, and nurse practitioners are on the following pages.

APPLICATION

The interested physician, midwife, or nurse practitioner may apply to participate in the MOMS program by completing the State Department of Health form, "Application for Enrollment as a Specialist." Every provider applying to participate in MOMS must complete this form.

NOTIFICATION

A letter of decision regarding the application will be sent by this Department to the applicant's address as listed on the application. If the application for Medicaid enrollment and MOMS participation are made at the same time, the letter of decision regarding the Medicaid application will be sent first, followed at a later date by the letter of decision regarding MOMS participation.

QUESTIONS

For additional information regarding the Medicaid Obstetrical and Maternal Services (MOMS) program, you may call this Department weekdays between 8:30 and 4:30 p.m. at (518) 486-6562.

ELIGIBILITY AND PRACTICE REQUIREMENTS

Physicians who participate must:

- Be board certified or an active candidate for board certification by the American College of Obstetrics and Gynecologists (ACOG) or board certified or eligible for board certification by the American Academy of Family Practice Physicians for a period of no more than five years from completion of a post graduate training period in obstetrics and gynecology or family practice;
- Have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Provide medical care in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists (for further information access ACOG's website at www.acog.org);
- Have 24-hour telephone coverage;
- Have an agreement with an approved health supportive service provider to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to participate in managed care programs if the managed care programs are operational within the physician's geographic practice area;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

Midwives who participate must:

- Be a licensed midwife with the New York State Education Department's Division of Professional Licensing Services, and practice in accordance with section 6951 of Education Law;
- Have a collaborative agreement with a Medicaid-enrolled physician who is board certified or an active candidate for a period of no more than five years from completion of a postgraduate training program in obstetrics/gynecology and who have active hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have hospital admitting privileges in an appropriately accredited hospital which includes maternity services;
- Have 24-hour telephone coverage;

- Have an agreement with an approved health supportive service provider to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as an authorized representative for the Medicaid application.
- Provide medical coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

Nurse practitioners who participate must:

- Be licensed and currently registered as a registered professional nurse in New York State and certified as a nurse practitioner by the Department of Education;
- Have a collaborative agreement with a Medicaid-enrolled physician who is board certified or an active candidate for board certification by the American College of Obstetricians and Gynecologists; or board certified or eligible for board certification by the American Academy of Family Practice for a period of no more than five years from completion of a post graduate training program in obstetrics and gynecology or family practice and who has active hospital admitting privileges in an appropriately accredited hospital which includes maternity services.
- Provide 24-hour telephone coverage;
- Have an agreement with an approved health supportive service provider to provide non-medical health supportive services such as health education, nutrition, and psychosocial assessment and counseling, case management, presumptive eligibility, and acting as authorized representative for the Medicaid application;
- Provide medical care coordination and agree to refer for all specialty care;
- Be a provider in good standing;
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

MEDICAID OBSTETRICAL AND MATERNAL SERVICES PROGRAM (MOMS)
Application for Enrollment as a Specialist

- INSTRUCTIONS:**
1. Type or print the information in the space provided.
 2. Attach required documentation:
 - (a) certification by an appropriate specialty board;
 - (b) notice of admissibility to final examination from appropriate specialty board; or
 - (c) evidence of satisfactory completion of residency or fellowship training (family practitioners);
 3. Submit a copy of your current license registration
 4. Sign and date the Assurances.
 5. Submit completed application, and required documentation to NYS Department of Health, Bureau of Women's Health, MOMS Unit, Corning Tower – 18th Floor, Empire State Plaza, Albany, New York 12237.
 6. Application process is approximately 120 days

SECTION A – IDENTIFYING INFORMATION

1. First Name _____ Last Name _____
2. Business Address _____
3. Daytime Telephone Number (_____) _____ Date of Birth ____/____/____
4. (a) License # _____ (b) State _____
5. Medical School _____ Year Graduated _____
6. Please complete this question **if you are** an enrolled Medicaid provider
Medicaid ID # _____

SECTION B – PRACTICE INFORMATION

7. If you employ/use the services of one or more nurse practitioners, midwives, and/or physician assistants, please give name(s) and license(s) below:

| NAME | LICENSE # | STATE |
|------|-----------|-------|
| | | |
| | | |
| | | |

SECTION C – ACTIVE HOSPITAL PRIVILEGE (Check one)

8. ☐ As a physician or licensed midwife, I have an active admitting privilege at an accredited hospital with maternity services. A current copy of my hospital appointment letter is attached.
- ☐ As a Nurse Practitioner, I have a collaborative agreement with a Medicaid-enrolled physician who is board certified by the American College of Obstetrics and Gynecologists or an active candidate for a period of no more than five years from completion of a postgraduate training program in obstetrics and gynecology or board certified by the American Board of Family Practice and who has active admitting privileges at an accredited hospital with maternity services. I assure that for the purposes of this program, my practice will be limited to provision of prenatal and postpartum care.

☒ A copy of this agreement and the physician's hospital letter are attached.

SECTION D – ASSURANCES

1. I recognize that I continue to be bound by the rights, obligations, duties, or interests accrued or conferred as a result of my enrollment in the New York State Medicaid Program.
2. As an obstetrical care physician, midwife, or nurse practitioner, I assure the provision of comprehensive medical care services to Medicaid patients who are pregnant or postpartum, in accordance with the practice guidelines established by the American College of Obstetricians and Gynecologists or the American Academy of Family Practice Physicians or the American College of Nurse Midwives.
3. I assure that I will provide prenatal diagnostic and treatment services including but not limited to the following:
 - (i) an initial comprehensive assessment including history, review of systems, and physician examinations;
 - (ii) standard laboratory tests and procedures;
 - (iii) needed special laboratory tests as indicated by comprehensive assessment and initial or preliminary test findings;
 - (iv) evaluation of risk;
 - (v) discussion with the woman of options for treatment, care and technological support that are expected to be available at the time of labor and delivery together with the advantages and disadvantages of each option;
 - (vi) postpartum counseling, evaluation and referral to professional care and services, as required, to include preconception counseling as appropriate.
4. As an obstetrical care physician, midwife, or nurse practitioner, I agree to provide medical care coordination as a part of my care, such medical care coordination to include at a minimum: the scheduling of elective hospital admissions; where possible, assistance with emergency admissions; management of and/or participation in hospital care and discharge planning; scheduling of referral appointments with written referral as necessary and with request for follow-up report; and the maintenance of a complete medical record to include but not to be limited to notation of referrals and hospitalizations, and copies of test results and reports.
5. As a participating practitioner, I assure that all Medicaid eligible women under my care will have access to non-medical health supportive services such as health education, nutrition assessment and counseling, psychological assessment and counseling, non-medical case management, determining presumptive eligibility for Medicaid, acting as authorized representative for the Medicaid application process, and HIV counseling and testing. I understand that I may apply to provide this service directly or that I will have an agreement with an approved health supportive service provider. I understand that this agreement requires me to refer all women in this category by means of a written referral form and to provide them and the receiving agency(ies) with a referral form supplied by the New York State Department of Health. I understand that the New York State Department of Health has provided me with a list of approved health supportive service providers. If I do not provide these services directly, I agree to sign an agreement with one or more of these providers to accept referrals from me of pregnant Medicaid recipients. I agree to list at No. 14a of this application a health supportive service provider with whom I will sign an agreement. If not in a Health Supportive Services Provider arrangement, but providing services through subcontract with a PCAP, please list name of PCAP at No. 14b.
6. As an obstetrical care physician, licensed midwife, or nurse practitioner, I assure that I will maintain 24-hour telephone coverage which will include timely access to a practitioner qualified to respond to the Medicaid patient's health concerns. I recognize that this requirement cannot be met by a recording referring patients to the emergency room.
7. I assure that I will request, as necessary, from the New York State Department of Health, and display conspicuously on my premises, designated informational materials that serve to inform the public regarding Medicaid eligibility and services for pregnant women and children.

8. I assure that I will notify the New York State Department of Health within thirty (30) days of circumstances resulting in my *ineligibility* to continue this agreement and/or my *inability* to perform the activities and services required under this agreement.
9. I recognize that the State may determine new visit types and rates during the term of this agreement and that the new visit types and rates may supersede those available at the time of this agreement.
10. I assure that I will abide by all reasonable policies, procedures, and instructions provided by the State to implement and execute the Medicaid Obstetrical and Maternal Services program, and will bill Medicaid in accordance with the reimbursement methodology established by the State.
11. I recognize that the New York State Department of Health may cancel my participation in the Medicaid Obstetrical and Maternal Services program at any time, giving me not less than thirty (30) days written notice that on or after the date therein specified, my participation will end. I accept that cause for cancellation of my participation in the Medicaid Obstetrical and Maternal Services program will include but not be limited to my failure to comply with these assurances.
12. I recognize that I may request cancellation of participation in the Medicaid Obstetrical and Maternal Services program when there are extenuating circumstances, giving the New York State Department of Health not less than thirty (30) days of written notice. I assure that such cancellation will include a description of the basis for the termination. I assure that I will assist patients to maintain continuity of care; provide them with information to assist them to transfer their care; and make timely transfer of their records upon request.
13. I accept that, upon my designation by the New York State Department of Health to participate in the Medicaid Obstetrical and Maternal Services program, these ASSURANCES will be effective beginning with the date of this application (Item 17) and may continue in effect thereafter with the consent of both parties and so long as federal financial participation is available. I accept that services rendered prior to October 1, 1992 will not be eligible for reimbursement through the Medicaid Maternal and Obstetrical Services program.
14. a. If applying for MOMS, I agree to refer all pregnant Medicaid recipients or those who may be eligible to an approved MOMS Health Supportive Services Provider. Please list name of HSSP
- _____
- b. If applying for MOMS as a PCAP subcontractor, please list name of PCAP. As a PCAP subcontractor, I understand that I am only eligible to bill Medicaid for deliveries.
- _____
- ☐ There are no health supportive service providers or PCAPs in my area.
- ☐ Please send an application to provide health supportive services.

15. PRINT NAME _____

16. SIGNATURE _____

17. DATE _____